



07-02-03

1746

PATENT

Attorney Docket No. MTI-31555

IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

Applicant : ANDREAS, Michael T.
Serial No. : 09/981,431 ✓
Filing Date : October 16, 2001
Examiner : KORNAKOV, Michail
Group Art Unit: 1746
For : CMP Cleaning Composition with Microbial Inhibitor
Confirmation No.: 5688

RECEIVED
JUL 08 2003
TC 1700

CERTIFICATION UNDER 37 CFR 1.8(a) and 1.10

I hereby certify that, on the date shown below, this correspondence is being:

Mailing

■ deposited with the U.S. Postal Service in an envelope addressed to the Commissioner for Patents, Washington, D.C. 20231

37 CFR 1.8(a)

37 CFR 1.10

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Transmission

☐ transmitted by facsimile to Examiner ___ at ___ at the US Patent and Trademark Office.

Date: July 1, 2003

Commissioner for Patents
P.O. Box 1450
Alexandria, VA 22313-1450

TRANSMITTAL

1. Transmitted herewith is:

Response/Preliminary Amendment

Replacement Claims (11 pages)

Supplemental IDS

Form 1449/PTO (with copy of listed references)

Return Postcard

STATUS

2. Applicant is a large entity.

EXTENSION OF TERM

3. The proceedings herein are for a patent application and the provisions of 37 CFR § 1.136 apply.

☒ **Applicant believes that no extension of term is required. However, if an extension of time is required, please consider this a petition therefor.**

☐ Applicant petitions for an extension of time under 37 C.F.R. § 1.136 for the total number of months checked below [fees: 37 C.F.R. § 1.17(a)(1)-(4)] :

Extension (months)	Fee for other than small entity	Fee for small entity
<input type="checkbox"/> one month	\$ 110.00	\$ 55.00
<input type="checkbox"/> two months	\$ 390.00	\$ 195.00
<input type="checkbox"/> three months	\$ 890.00	\$ 445.00
<input type="checkbox"/> four months	\$ 1,390.00	\$ 695.00

Fee: \$0.00

If any or an additional extension of time is required, please consider this a petition therefor.

FEE FOR CLAIMS

4. The fee for claims (37 C.F.R. 1.16(b)-(d)) has been calculated as shown below:

Claims Remaining After Amendment		Highest No. Previously Paid For		Rate (Small Entity)	Additional Fee or	Rate (Large Entity)	Additional Fee
Total 79	Minus	138	=	x 9= \$	\$	0 x 18	\$ 0.00
Independent 11	Minus	21	=	x 39= \$	\$	0 x 84	\$ 0.00

FIRST PRESENTATION OF MULTIPLE DEP CLAIM

TOTAL
ADDIT. Fee \$

or TOTAL
ADDIT. Fee \$ 0.00

c. ☒ **No additional fee for claims is required.**

d. ☐ Total additional fee for claims required \$

FEE DEFICIENCY

5. ☒ If any additional extension and/or fee is required, charge Account No. 23-2053.

☒ If any additional fee for claims (or for submission of IDS) is required, charge Account No. 23-2053.

Date: July 1, 2003

Kristine M Strodthoff
Kristine M. Strodthoff, Reg. No. 34,259

Whyte Hirschboeck Dudek S.C.
111 East Wisconsin Avenue, Suite 2100
Milwaukee, WI 53202
(414) 273-2100
Customer No. 31870